

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550715

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	18	↓		↓		↓
TOTAL DEP.	32	←		←		←
TOTAL CLAIMS	50					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
55					/	
56					/	
57					/	
58					/	
59					/	
60					/	
61					/	
62					/	
63					/	
64					/	
65					/	
66					/	
67					/	
68					/	
69					/	
70					/	
71					/	
72					/	
73					/	
74					/	
75					/	
76					/	
77					/	
78					/	
79					/	
80					/	
81					/	
82					/	
83					/	
84					/	
85					/	
86					3	
87					/	
88					/	
89					/	
90					/	
91					/	
92					/	
93					/	
94					/	
95					/	
96					/	
97					/	
98					/	
99					/	
100					/	
TOTAL IND.				2		
TOTAL DEP.				51		
TOTAL CLAIMS	50			53		

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550715

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
101	/						151							
102	/						152							
103	/						153							
104	/						154							
105	/						155							
106	/						156							
107	/						157							
108	/						158							
109	/						159							
110	/						160							
111	/						161							
112	4						162							
113	4						163							
114	/						164							
115	/						165							
116	/						166							
117	/						167							
118	/						168							
119	/						169							
120	/						170							
121	/						171							
122	/						172							
123	/						173							
124	/						174							
125	/						175							
126	/						176							
127	/						177							
128	/						178							
129	/						179							
130	/						180							
131	/						181							
132	/						182							
133	/						183							
134	/						184							
135	/						185							
136	/						186							
137	/						187							
138	/						188							
139	/						189							
140	/						190							
141	/						191							
142	/						192							
143	/						193							
144	/						194							
145							195							
146							196							
147							197							
148							198							
149							199							
150							200							
TOTAL IND.	1													
TOTAL DEP.	49													
TOTAL CLAIMS	50													